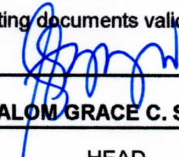



GF

OBLIGATION REQUEST AND STATUS VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte			No.: _____ Date: December 2, 2021 Fund: GF			
Payee:	Innove					
Office:	SENIOR HIGH SCHOOL					
Address:	VSU					
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount		
WAF	Payment of TELEPHONE BILL GLOBE account number 876711511 period OCTOBER 27, 2021 - NOVEMBER 26, 2021	301000000	5020502002	1,652.26		
<b>Total</b>				<b>1,652.26</b>		
<b>A</b> Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature:  Printed Name: <b>SHALOM GRACE C. SUGANO</b> Position: <b>HEAD</b> Principal, IHS-SHS/Authorized Representative Date: _____		<b>B</b> Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature: _____ Printed Name: <b>ALICIA M. FLORES</b> Position: <b>OIC, BUDGET OFFICE</b> Head, Budget Unit/Authorized Representative Date: _____				
<b>C STATUS OF OBLIGATION</b>						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligation	No.: 02.101101.2021.07. 3224	1,652.26		1,652.26	
		Totals	1,652.26		1,652.26	

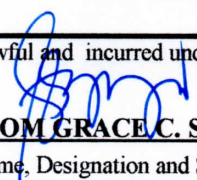
 <b>VISAYAS STATE UNIVERSITY</b> Entity Name		Fund Cluster :	
<b>DISBURSEMENT VOUCHER</b>		Date : December 02, 2021	
		DV No. :	

Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
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Payee	INNOVE COMM. INC.	TIN/Employee No.:	000-360-916-000	ORS/BURS No.:
Address	Globe Business Center, Ormoc City			

Particulars	Responsibility Center	MFO/PAP	Amount
<b>VSU SENIOR HIGH SCHOOL</b> TO PAYMENT of telephone expenses/ of Globe Landline/Broadband number in the with account number <b>876711511</b> billing period from <b>OCTOBER 27, 2021 to NOVEMBER 26, 2021</b> as per attached approved supporting documents in the total amount of .....			
Gross: 1,652.26 1652.26 x 10/ 11.2 = 1475.23 1475.23 x 2% = 29.50 1475.23 x 5% = 73.76 <b>1,549.00</b>			
			<b>1,549.00</b>

**A.** Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

  
**SHALOM GRACE C. SUGANO, Ph.D.**  
 Printed Name, Designation and Signature of Supervisor

<b>B.</b> Accounting Entry:			
Account Title	UACS Code	Debit	Credit
Telephone Expenses		1,652.26	
Due to BIR			103.26
Cash MD			1,549.00

<b>C. Certified:</b> <input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper	<b>D. Approved for Payment</b>
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Signature		Signature	
Printed Name	<b>NICK FREDDY R. BELLO</b>	Printed Name	<b>EDGARDO E. TULIN</b>
Position	OIC HEAD, ACCOUNTING DIVISION Head, Accounting Unit/Authorized Representative	Position	PRESIDENT Agency Head/Authorized Representative
Date		Date	

<b>E. Receipt of Payment</b>			JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:	
	Date :	Printed Name: INNOVE COMM.	Date